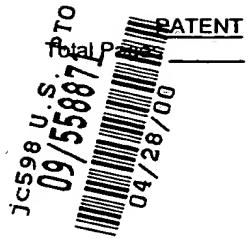


04/28/00  
ATTORNEY DOCKET NO.: P-8873

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**  
**UTILITY PATENT APPLICATION TRANSMITTAL**



FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: JOHN F. NORRIS ET AL.  
 TITLE: IMPLANTABLE MEDICAL DEVICE AND METHOD USING INTEGRATED T-WAVE ALTERNANS ANALYZER

Assistant Commissioner for Patents  
**BOX PATENT APPLICATION**  
 Commissioner of Patents and Trademarks  
 Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

**Patent Application Transmittal**

**Specification:**  
 Total pages: 38 (including claims and abstract): Spec. 28 sheets; Claims 9 sheets; Abstract - 1 sheet.

**Drawings:**

Total sheets: 9  
 formal  informal

**Combined Declaration and Power of Attorney:**

unsigned

copy from prior application

Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))

Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

**Accompanying application parts:**

Notification of filing a

Assignment of the Invention to Medtronic, Inc.

Assignment cover sheet of prior application

Information Disclosure Statement

PTO Form 1449

Copies of IDS citations

Preliminary Amendment

A copy of the Petition or Conditional Petition for Extension of Time in the prior application.

Return Postcard

**IF A CONTINUING APPLICATION:**

Continuation  Divisional  Continuation-in-part (CIP)  
 of prior application No. \_\_\_\_\_

Amend the specification by inserting before the first line the sentence: This application is a  continuation  
 division  continuation in part of application number \_\_\_\_\_, filed \_\_\_\_\_.

Cancel in this application original claims \_\_\_\_\_ of the prior application before calculating the filing fee.  
 (At least the original independent claim must be retained for filing purposes.)

The prior application is assigned of record to Medtronic, Inc.

The Power of Attorney in the prior application is to: Medtronic, Inc.

This application claims the benefit of U.S. Provisional Application(s) Serial No.(s)\_\_\_\_\_, filed\_\_\_\_\_.

Address all future correspondence to: Thomas F. Woods, Reg. No 36,726  
Medtronic, Inc., MS 301  
7000 Central Avenue NE  
Minneapolis, Minnesota 55432  
Telephone: (612)514-3652

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	58	20	= 38	x 18	\$ 684
Independent Claims	04	03	= 01	x 78	\$ 78
Multiple Dependent Claims				+ 260	
Basic Filing Fee					\$ 690
				TOTAL	\$ 1452

Charge Deposit Account No. 13-2546 the sum of \$ 1,452.00 (Filing Fee) for a total of \$ 1,452.00.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

11-26-00  
\_\_\_\_\_  
Date

*Thomas F. Woods*  
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